File with: lowa Ethics and Campaign Disclosure Board 510 E, 12th, Ste. 1A Des Molnes, Iowa 50319 Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

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COMMITTEE NAME (Must be same as on Statement of Organ	nization)				
IOWAN'S FOR STEVE SM		FORM			
MPORTANT: Indicate by # type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Rolling Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Rolling Subdivision PAC (10)			DR-2 (Rev. 12/2009) DISCLOSURE REPORT For Office Use Only Comm. #		
11) LOCAL SAIROT ISSUE		a	omm. #	1873	
CANDIDATE COMMITTEES ONLY: Candidate Name STEVEN E SMITH	Political Party (if applicable)	L.o Sc	ogged in canned Omputer		
Office Sought HOUSE	District (if Senate or House)		idited		
ate reports are subject to possible civil and criminal penalties. Pura	uent to lowe Code sections 688.32/	(7) and 68/	1.401(3), the candid	late, for a	
candidate's committee, and the chairperson, for any other type of co	mmittee, is the individual responsible	for filling ti	mely and accurate i	reports.	
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SIGNATURE OF PERSON FILING REPORT	563 349 3454	(0-22-1	0	
TOTAL OF PERSON FILING REPORT	TELEPHONE		DATE SIGN	IED	
AMFILINGA STATEMENT OF DISSOLUTION	WREPORT FOR (1) ELECTION	//2\MON_E	I ECTION VEAD	•	
(report date) 0 - 2.7 - 10	Indicate by		LECTION I EAR.	ı	
□CHECK IF AMENDMENT TO REPORT DATED	·.				
		Local Comm	nittees, enter Date o	f Election	
			nty & Local Committees, enter County in the Election is held		
	<u></u> .				
STATEMENT OF CASH ON HAND				<u> </u>	
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the ca	sh on hand at the end	\$	1743		
CASH ON HAND at the beginning of the reporting period. (Total	sh on hand at the end	\$	1743		
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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE

B

MONETARY
EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

	CANDIDATE			
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/16/10	ID# CK# Zo32	CLINTON COUNTY DEMS, 224-22NIPL CLINTON, IA	CONTRIBUTION	1743-
	ID#			
	ID#			
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	;		SUB-TOTAL	- \$
			TOTAL (if last page of this schedule	\$ 1743-

THIS BOX	APPLIES	TO CANDIDATES' COMMITTEES Ó	NLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advantising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lower Code 68A-402(3)(i).)

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(for Schedule B)